

Washington, D.C. 20549



# NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, SECTION 4(6), AND/OR UNIFORM LIMITED OFFERING EXEMPTION

14383	98							
OMB API	PROVAL							
OMB Number	3235-0076							
Expires:	May 31, 2002							
Estimated average	•							
hours per respons	e:16.00							
SEC US	E ONLY							
Prefix	Serial							
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DATE RE	DATE RECEIVED							
1	1							

Name of Offering(☐ check if this is an amendment and name has changed, and indicate change.)	
IHP B&O LLC	
Filing Under (Check box(es) that apply):  Rule 504 Rule 505 Rule 506 Section 4(6) ULOE	
Type of Filing: New Filing  Amendment	C Mail Processing
A. DASIC IDENTIFICATION DATA	Santian
Enter the information requested about the issuer	
Name of Issuer ( check if this is an amendment and name has changed, and indicate change.)	0
IHP B&O LLC	nim și găhhb
Address of Executive Offices (Number and Street, City, State, Zip Code) Telephone Number (Including Area Code)	\(\lambda_{\text{a}}\)
55 East Jackson Blvd., 21 <sup>st</sup> Floor, Chicago, Illinois 60604 (312) 788-3400	Vashington, DC
Address of Principal Business Operations (Number and Street, City, State, Zip Code) Telephone Number (Including Area Code)	***
(if different from Executive Offices)	
Brief Description of Business	
Acquisition of properties located at 909 Orchard Road, Mundelein, Illinois and 621 Busse, Bensenville, Illino	ois.
Type of Business Organization	
☐ corporation ☐ limited partnership, already formed ☐ other (please specify):	
□ business trust □ limited partnership, to be formed limited liability com	mpany
Actual or Estimated Date of Incorporation or Organization:    Month   Year	

#### **GENERAL INSTRUCTIONS**

## Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C.

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where To File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only reported the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

### ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

> Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control

> > JUN 2 5 2008

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#### A. BASIC IDENTIFICATION DATA Enter the information requested for the following: Each promoter of the issuer, if the issuer has been organized within the past five years; Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer: Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and Each general and managing partner of partnership issuers. Manager of Manager Executive Officer ☐ Director Check Box(es) that Apply: □ Promoter ■ Beneficial Owner $\boxtimes$ Full Name (Last name first, if individual) Bernstein, Jeffrey A. **Business or Residence Address** (Number and Street, City, State, Zip Code) 55 East Jackson Blvd., 21st Floor, Chicago, Illinois 60604 Executive Officer ☐ Director Manager of Check Box(es) that Apply: □ Promoter ■ Beneficial Owner Manager Full Name (Last name first, if individual) Elbaum, Laurence B. Business or Residence Address (Number and Street, City, State, Zip Code) 55 East Jackson Blvd., 21st Floor, Chicago, Illinois 60604 ■ Beneficial Owner Executive Officer Director Manager of Manager Check Box(es) that Apply: Promoter Full Name (Last name first, if individual) Sherry, Keith D. **Business or Residence Address** (Number and Street, City, State, Zip Code) 55 East Jackson Blvd., 21st Floor, Chicago, Illinois 60604 Check Box(es) that Apply: Promoter ■ Beneficial Owner **Executive Officer** ☐ Director Manager Full Name (Last name first, if individual) Iron Horse Partners LLC Business or Residence Address (Number and Street, City, State, Zip Code) 55 East Jackson Blvd., 21st Floor, Chicago, Illinois 60604 □ Director Check Box(es) that Apply: ☐ Promoter ■ Beneficial Owner Executive Officer Manager Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply: Promoter Beneficial Owner ☐ Executive Officer ☐ Director Manager Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply: ■ Beneficial Owner Promoter ■ Executive Officer □ Director ☐Officer of Manager Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code)

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

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	B. INFORMATION ABOUT OFFERING			
1.	Has the issuer sold, or does the issuer intend to sell, to non-accredited investors in this offering?		Yes	No ⊠
2.	What is the minimum investment that will be accepted from any individual?	\$	\$100,0	00
		•	Yes	No
3.	Does the offering permit joint ownership of a single unit?	[	$\boxtimes$	
4.	Enter the information requested for each person who has been or will be paid or given, directly or indirectly, any commission	on		
	or similar remuneration for solicitation of purchasers in connection with sales of securities in the offering. If a person to listed is an associated person or agent of a broker or dealer registered with the SEC and/or with a state or states, list the name of the broker or dealer. If more than five (5) persons to be listed are associated persons of such a broker or dealer, you must forth the information for that broker or dealer only.	ne		
Full	l Name (Last name first, if individual)			
Bus	siness or Residence Address (Number and Street, City, State, Zip Code)			
Nan	ne of Associated Broker or Dealer			
State	tes in Which Person Listed Has Solicited or Intends to Solicit Purchasers			
Stati	(Check "All States" or check individual States)	г	☐ All	Ctatas
ı	AL] [AK] [AZ] [AR] [CA] [CO] [CT] [DE] [DC] [FL] [GA]	_	^." HI]	[ID]
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Full	Name (Last name first, if individual)			
Bus	siness or Residence Address (Number and Street, City, State, Zip Code)			
Nan	ne of Associated Broker or Dealer			
State	tes in Which Person Listed Has Solicited or Intends to Solicit Purchasers			
	(Check "All States" or check individual States)	[	] All	States
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	RI ] [SC ] [SD ] [TN ] [TX ] [UT ] [VT ] [VA ] [WA] [WV] [WI]  Name (Last name first, if individual)		WY }	[ PR ]
Bus	siness or Residence Address (Number and Street, City, State, Zip Code)			
Nan	ne of Associated Broker or Dealer	,		
State	tes in Which Person Listed Has Solicited or Intends to Solicit Purchasers			<del></del>
Juli	(Check "All States" or check individual States)	Г	_ All	States
1	AL] [AK] [AZ] [AR] [CA] [CO] [CT] [DE] [DC] [FL] [GA]		HI]	States [D]
	IL] [IN] [IA] [KS] [KY] [LA] [ME] [MD] [MA] [MI] [MN]		MS ]	[ MO]
(	$ MT] \  \  \{ \ NE \ \} \  \  \  \{ \ NH \ \} \  \  \  \{ \ NM \ \} \  \  \  \{ \ NC \ \} \  \  \  \{ \ ND \ \} \  \  \  \{ \ OK \ \} $		OR ]	[ PA ]
[	RI] [SC] [SD] [TN] [TX] [UT] [VT] [VA] [WA] [WV] [WI]	[ ]	WY]	[ PR ]

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

Type of Security  Debt		C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND US	E OF PROCEEDS	
Type of Security  Debt	۱.	sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box \( \subseteq \) and indicate in the columns below the amounts of the securities offered for exchange and		
Equity (Membership Interests)				Amount Already Sold
Equity (Membership Interests)			\$	\$
Convertible Securities (including warrants)				\$0
Convertible Securities (including warrants)			<del></del>	· ·
Partnership Interests		— — — — — — — — — — — — — — — — — — —	\$	\$
Other (Specify)  Total			· · · · · · · · · · · · · · · · · · ·	\$
Answer also in Appendix, Column 3, if filing under ULOE.  2. Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offering under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."    Number Investors		·	\$	\$
Answer also in Appendix, Column 3, if filing under ULOE.  2. Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offering under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."    Number   Investors			\$3,500,000	0
Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offering under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."    Number   Investors			· <u></u>	·
Accredited Investors	2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offering under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their		
Non-accredited Investors				Aggregate Dollar Amount of Purchases
Total (for filings under Rule 504 only).  Answer also in Appendix, Column 4, if filing under ULOE.  If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of the securities in this offering. Classify securities by type listed in Part C - Question 1.  Type of Type of offering Rule 505		Accredited Investors	0	\$0
Answer also in Appendix, Column 4, if filing under ULOE.  If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of the securities in this offering. Classify securities by type listed in Part C - Question 1.  Type of Type of offering  Rule 505		Non-accredited Investors	0	\$ <u>0</u>
If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of the securities in this offering. Classify securities by type listed in Part C - Question 1.  Type of Security  Rule 505		Total (for filings under Rule 504 only)		\$
securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of the securities in this offering. Classify securities by type listed in Part C - Question 1.  Type of Security  Rule 505		Answer also in Appendix, Column 4, if filing under ULOE.		
Type of offering  Rule 505	3.	securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of the securities in this offering. Classify securities by type listed in Part C -		
Rule 505		m	* *	Dollar Amount Sold
Regulation A			Security	
Total				\$
Total				\$
4. a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.  Transfer Agent's Fees				\$
securities in this offering. Exclude amounts relating solely to organization expenses of the issuer.  The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.  Transfer Agent's Fees				\$
Printing and Engraving Costs	<b>1</b> .	securities in this offering. Exclude amounts relating solely to organization expenses of the issuer.  The information may be given as subject to future contingencies. If the amount of an expenditure is		
Legal Fees		Transfer Agent's Fees		\$
Accounting Fees States Commissions (specify finders' fees separately) Sales Commissions (specify finders' fees, postage States Commissions (identify) blue sky filing fees, postage States		-	<u> </u>	\$
Accounting Fees States Commissions (specify finders' fees separately) Sales Commissions (specify finders' fees, postage States Commissions (identify) blue sky filing fees, postage States		Legal Fees		\$20,000
Engineering Fees				\$5,000
Sales Commissions (specify finders' fees separately) \$  Other Expenses (identify) blue sky filing fees, postage \$  \$ \$  \$  \$  \$  \$  \$  \$  \$  \$  \$  \$  \$		·		\$
Other Expenses (identify) blue sky filing fees, postage				\$
				\$2,500
7000		Total		\$27,500

Question I and total expens	es furnished in r	gregate offering price give esponse to Part C - Question	4.a. This differen	ce is the	=		\$ <u>3,472,500</u>
<ol> <li>Indicate below the amount of for each of the purposes she and check the box to the I adjusted gross proceeds to the</li> </ol>	own. If the amo	ount for any purpose is not late. The total of the paym	known, furnish an enternish listed must en	estimate qual the	:		
·			·		Payments to Off Directors, & Affiliates	•	Payments to Others
Salaries and fees					\$	. 🗆	\$
Purchase of real estate and re	enovation				\$	. 🛛	\$ <u>3,144,000</u>
Purchase, rental or leasing a	nd installation of	f machinery and equipment	***************************************		\$	. 🗆	\$
Construction or leasing of pl	Purchase, rental or leasing and installation of machinery and equipment  Construction or leasing of plant buildings and facilities						\$
Acquisition of other busines: offering that may be used in pursuant to a merger)	exchange for the	assets or securities of anoth	er issuer		\$		
Repayment of indebtedness	,				\$		\$
Working capital			***************************************	$\boxtimes$	s	$\boxtimes$	\$
Other (specify): Property acc	quisition fee; dev	elopment fee		$\boxtimes$	\$328,000	⋈	\$
Column Totals				$\boxtimes$	\$328,000	$\boxtimes$	\$ <u>3,144,000</u>
Total Payments Listed (colu	mn totals added)	117111771411144444444444444444444444444	***********		$\boxtimes$	\$ <u>3,472,500</u>	
		D. FEDERAL	SIGNATURE				
The issuer has duly caused the following signature constitute equest of its staff, the information	s an undertak	ing by the issuer to furn	ish to the U.S. S	Securiti	es and Exchan	ge Commiss	ion, upon wri
ssuer (Print or Type)  HP B&O LLC		Signature	<b>&gt;</b>		Date June 18, 200	08	
Name of Signer (Print or Typ	e)	Title of Signer (Print	or Type)				
Keith Sherry		Manager of Manage	r of Icenar				

ATTENTION

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

	E. STATE SIGNATURE	
	2 (c), (d), (e) or (f) presently subject to any	- J 1 IXI
	See Appendix, Column 5, for state response.	
2. The undersigned issuer hereby undertakes Form D (17 CFR 239.500) at such times a	s to furnish to any state administrator of any sas required by state law.	state in which this notice is filed, a notice on
3. The undersigned issuer hereby undertakes issuer to offerees.	s to furnish to the state administrators, upon	written request, information furnished by the
Limited Offering Exemption (ULOE) o	e issuer is familiar with the conditions that m f the state in which this notice is filed an en of establishing that these conditions have b	d understands that the issuer claiming the
The issuer has read this notification and kno undersigned duly authorized person.	ws the contents to be true and has duly cause	d this notice to be signed on its behalf by the
Issuer (Print or Type)	Signature /	Date
IHP B&O LLC	(14 V.S)	June 16, 2008

Title of Signer (Print or Type)

Manager of Manager of Issuer

## Instruction:

Name of Signer (Print or Type)

Keith Sherry

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

## APPENDIX

1	Intend to non-a- investors	to sell ccredited s in State -Item 1)	Type of security and aggregate offering price offered in state (Part C-Item 1)	Type of investor and amount purchased in State (Part C-Item 2)			5 Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E-Item 1)		
State	Yes	No		Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No
AL									
AK							-		
AZ									
AR									
CA									
СО									
СТ									
DE									
DC									
FL									
GA									
HI			-						
ID									
IL		X	\$3,500,000 of Class A Membership Interests	0	\$0	0	\$0		x
IN									
IA									
KS					<u>.</u>				
KY									
LA									
ME									
MD									
MA									
MI									
MN									
MS							· · · · · · · · · · · · · · · · · · ·		

I	Intend to non-a investor	to sell ccredited s in State -Item 1)	Type of security and aggregate offering price offered in state (Part C-Item 1)	4  Type of investor and amount purchased in State (Part C-Item 2)				Disqua under St (if yes explar waiver	5 lification ate ULOE s, attach nation of granted) c-Item 1)
State	Yes	No		Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No
МО						10000000			
MT									
NE									Ì
NV									
NH									
NJ									
NM									
NY		X	\$3,500,000 of Class A Membership Interests	0	\$0	0	\$0		X
NC									
ND									
ОН									
ОК	1			:					
OR									
PA									
RI		<u> </u>						·	
SC									
SD									
TN	<u> </u>					,			
TX									
UT		<u> </u>							
VT									<u>                                      </u>
VA WA									
wv		X	\$3,500,000 of Class A Membership Interests	0	\$0	0	\$0		x
WI		Ì							
WY								:	
PR									

